## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000005346

Address:

City-St-Zip:

284 VAN AVENUE

BRICK, NJ 08724

FILED Aug 24, 2006 Secretary of State

Entity Nan	ne: MANTO	LOKING SHORES, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
728 E. KNIGHTSBRIDGE PLACE LECANTO, FL 34461				1509 GREEN MOUNTAIN DRIVE LITTLE ROCK, AR 72211	
Current Ma	ailing Addre	ss:	New Mailing Addres	New Mailing Address:	
728 E. KNIGHTSBRIDGE PLACE LECANTO, FL 34461				1509 GREEN MOUNTAIN DRIVE LITTLE ROCK, AR 72211	
FEI Number:		FEI Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
RYAN, JOSEPH 728 E. KNIGHTSBRIDGE PLACE LECANTO, FL 34461 US				TORHUS, ALICE 3620 PINE CONE CIRCLE CLEARWATER, FL 33760 US	
The above in the State	named entity of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: ALICE TORHUS				08/24/2006	
	Electro	nic Signature of Registered Age	nt	Date	
		93(2)(b), F.S., the corporation did no	t receive the prior notice.		
OFFICERS	AND DIREC	CTORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DCP ( SCHWARTZ, M 284 VAN AVEN BRICK, NJ 08	IUE .	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VC (X KNAPP, KIMBI 284 VAN AVEN BRICK, NJ 08	IUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DVST ( SCHWARTZ, F	) Delete (IMBERLY	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KIMBERLY SCHWARTZ DVST 08/24/2006